



STATE OF ARKANSAS  
SECURITIES DEPARTMENT  
HERITAGE WEST BUILDING, SUITE 300  
201 EAST MARKHAM STREET  
LITTLE ROCK, AR 72201



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CI Form 002

PARENTS, SUBSIDIARIES AND AFFILIATES

Instructions: Report each parent, subsidiary and affiliate of the Applicant. Include the name of the company (and any assumed name), its principal business address and telephone number, its Federal Tax ID number, and a brief description of the business conducted. Also, attach an organizational chart that shows ownership positions and percentages of ownership.

**Copy this page as necessary and attach.**

Applicant/Licensee: \_\_\_\_\_

AR License Number\* \_\_\_\_\_

\*Enter "PENDING" if license number has not yet been issued.

Type	Name/DBA & Principal Place of Business	Telephone Number	Tax ID	Type of Business Conducted
<input type="checkbox"/> Parent	_____	_____	_____	_____
<input type="checkbox"/> Subsidiary	_____	<div></div>	<div></div>	_____
<input type="checkbox"/> Affiliate	_____			_____
<input type="checkbox"/> Other	_____			_____
(Explain)	_____			_____
<input type="checkbox"/> Parent	_____	_____	_____	_____
<input type="checkbox"/> Subsidiary	_____	<div></div>	<div></div>	_____
<input type="checkbox"/> Affiliate	_____			_____
<input type="checkbox"/> Other	_____			_____
(Explain)	_____			_____
<input type="checkbox"/> Parent	_____	_____	_____	_____
<input type="checkbox"/> Subsidiary	_____	<div></div>	<div></div>	_____
<input type="checkbox"/> Affiliate	_____			_____
<input type="checkbox"/> Other	_____			_____
(Explain)	_____			_____
<input type="checkbox"/> Parent	_____	_____	_____	_____
<input type="checkbox"/> Subsidiary	_____	<div></div>	<div></div>	_____
<input type="checkbox"/> Affiliate	_____			_____
<input type="checkbox"/> Other	_____			_____
(Explain)	_____			_____